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| STATEMENT OF DEFICIENCIES AND<br>PLAN OF CORRECTION (POC)                                   |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>395354</b> | (X2) MULTIPLE CONSTRUCTION:<br><br>A. BLDG: <u>00</u><br>B. WING: _____                                   |                          | (X3) DATE SURVEY<br>COMPLETED:<br><br><b>03/20/2023</b> |
| NAME OF PROVIDER OR SUPPLIER:<br><b>SILVER STREAM NURSING AND REHABILITATION<br/>CENTER</b> |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE:<br><b>P O BOX 397, 905 PENLLYN PIKE<br/>SPRING HOUSE, PA 19477</b> |                          |   |
| STATE LICENSE NUMBER: <b>192702</b>   |   |  |   |                          |   |
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| F 0000  | INITIAL COMMENT   | F 0000   |   |                          |   |
|   | Based on an Abbreviated Survey in response to two complaints, completed on March 20, 2021, it was determined that Silver Stream Nursing and Rehabilitation Center, was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations related to the health portion of the survey process. |  |   |                          |   |
| F 0656  |   | F 0656   |   |                          |   |
| SS=D  |   |  |   |                          |   |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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| F 0656<br><br>SS=D  | Continued from page 1<br><br>483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan<br><br>§483.21(b) Comprehensive Care Plans<br>§483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -<br>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and<br>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).<br>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.<br>(iv) In consultation with the resident and the resident's representative(s)-<br>(A) The resident's goals for admission and desired outcomes.<br>(B) The resident's preference and potential for future | F 0656  | 1) Residents with cited deficiency have been reviewed and care plan updated<br><br>2) Director of Nursing, Unit Managers and Nurse Educator will be educated to ensure proper care plans are updated accordingly<br><br>3) Initial audit of Residents with orders for Oxygen and Cpap will be conducted and care plans updated<br><br>4) Audits of all residents with orders for oxygen and cpap will be conducted once weekly for 4 weeks. Continued audits will be conducted monthly for three months or until substantial compliance is achieved. Findings will be reviewed in QAPI. | Completion<br>Date:<br><b>04/14/2023</b><br>Status:<br><b>APPROVED</b><br>Date:<br><b>04/14/2023</b> |   |

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| F 0656<br><br>SS=D  | Continued from page 2<br><br>discharge. Facilities must document whether the resident's<br>desire to return to the community was assessed and any<br>referrals to local contact agencies and/or other appropriate<br>entities, for this purpose.<br>(C) Discharge plans in the comprehensive care plan, as<br>appropriate, in accordance with the requirements set forth<br>in paragraph (c) of this section.<br>§483.21(b)(3) The services provided or arranged by the<br>facility, as outlined by the comprehensive care plan, must-<br>(iii) Be culturally-competent and trauma-informed.<br><br>This REQUIREMENT is not met as evidenced by: | F 0656  |   |                          |   |
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| F 0656<br><br>SS=D  | <p>Continued from page 3</p> <p>Based on observations, a review of clinical records and interviews with staff, it was determined that the facility did not ensure that a comprehensive person-centered care plan with measurable objectives and goals were developed and implemented for one of three residents related to oxygen and CPAP machine usage (Resident R1).</p> <p>Findings include:</p> <p>Observations on March 20, 2023, at 11:15 a.m. while visiting Resident R1's room revealed the resident sitting outside his room wearing a nasal cannula (plastic tubing designed to deliver oxygen directly into the nose) with long tubing connected to an oxygen concentrator next to his bed. Also on his bedside table was his CPAP (Continuous positive airway pressure) machine with tubing and a mask.</p> <p>Interview with Resident R1 on March 20, 2023, at 11:15 a.m. revealed the resident was in the dining room wearing a nasal canula which was connected to a portable oxygen tank, and he stated that he</p> | F 0656  |   |                          |   |

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| F 0656<br><br>SS=D   | <p>Continued from page 4</p> <p>needed to have oxygen on at all times and needed the portable tank so that he can walk up and down the hall. He also said that he used the CPAP machine at night to help him sleep.</p> <p>Review of Resident R1's clinical record revealed the resident was admitted on January 26, 2023, with diagnosis of obstructive sleep apnea (a disorder that makes you stop breathing repeatedly during sleep, depriving your body and brain of oxygen) and chronic obstructive pulmonary disease (COPD- a common, preventable and treatable disease that is characterized by persistent respiratory symptoms like progressive breathlessness and cough).</p> <p>Review of Resident R1's clinical record revealed a January 27, 2023, physicians order for oxygen (02) at 4 liters/min to keep SPO2 (blood oxygen level) at greater than or equal to 92%. Further review revealed a January 27, 2023, physicians order for CPAP (continuous positive airway pressure machine is the most commonly prescribed device for treating sleep apnea disorders) with a setting at 8, apply at</p> | F 0656   |   |                          |   |

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| F 0656<br><br>SS=D  | <p>Continued from page 5</p> <p>HS (hour of sleep) and remove in a.m., interface type-mask, fill humidifier with sterile or distilled water every night shift.</p> <p>A review of Resident R1's care plan revealed no interventions related to the resident's use of oxygen or the CPAP machine as a therapy to treat his OSA and COPD.</p> <p>Interview with the nursing assistant, Employee E10, on March 20, 2023, at 1:05 p.m. confirmed that the Resident R1 required oxygen continuously and uses the CPAP machine to sleep at night.</p> <p>Interview with the Director of Nursing, on March 20, 2023, at 1:30 p.m. confirmed that Resident R1 required continuous oxygen using an oxygen concentrator while in his room and a portable oxygen tank to leave the room, and that he uses a CPAP machine to sleep and that the facility had not developed or implemented a care plan for these interventions.</p> | F 0656  |   |                          |   |

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| F 0656<br><br>SS=D   | Continued from page 6<br><br>28 Pa. Code 211.11(a)(b)(c) Resident care plan<br><br>28 Pa. Code 211.11(d) Resident care plan  |  |  | F 0656  |   |   |                          |



# Certified End Page

**SILVER STREAM NURSING AND REHABILITATION CENTER**

**STATE LICENSE NUMBER: 192702**

**SURVEY EXIT DATE: 03/20/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in black ink that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY